Prioritising MPT Product – A Few Reflections

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As optimists, we start...

Sometimes you make a few wrong turns in life...

but you'll find the right path in the end.
But for every path we take, a question bothers us most at the sub-conscious.....
And the pressure to decide... confuses us....

ARE MULTIPLE CHOICE EXAMS AN ACCURATE MEASURE OF ONE'S KNOWLEDGE?

A. YES
B. A AND C
C. A AND B
D. ALL OF THE ABOVE

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Added to it, the temporality & annual changes in magnitude lead to gastric dyspepsia when we feel ‘so sure’, our background worry.... *Am I on the right path...?*
When we start, our comfort is in ‘I know all building blocks…’

The outcomes to cover – pregnancy & infectious diseases- STIs & some RTIs

What to cover?
- Tablet
- Film
- Gel
- Ring
- Injectable...

How will my weapon look to deceive germs

My weapons
- Surfactants
- Probiotics
- Anti-HIV drugs
- Other –antivirals
- Lactobacilli
- Barriers
- Antifungals
- HC/non-HC

Everyday cover
- ‘Once for months’ cover
- Before ‘it’
- ‘once in a few days cover’

When should I be armed...

After ‘OMG syndrome’ in emergency
Unfortunately, they are building blocks of not a house but...

Of a tower to cover the risk of retaining ‘pleasures’ n health...... most often....

The key block is ‘what am I covering?’
Most often countries are ‘malnourished’ and do not have ‘robust’ generalisable data...

Then one has to rely on the least reliable.

Eg,

Incident magnitude

Prevalence to suggest probable incidence or risk from national to local & hospitals to community...

Prevalence among ‘old grey outcomes’ .. Eg. chlamydia in infertile women

And most important YOUR INTUITION!
Where are we?

Figuring statistics or realising stochastic statistics is not easy to figure.....

Can I admit that I am the most confused one among all!
## Prevalence in mainstream...

<table>
<thead>
<tr>
<th></th>
<th>HIV</th>
<th>HSV</th>
<th>Syphilis</th>
<th>HPV</th>
<th>Gonorrhoea</th>
<th>Chlamydia</th>
<th>Trichomoniase</th>
<th>Candida</th>
<th>BV</th>
<th>Unwanted Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.32% (M)</td>
<td>10%</td>
<td>?</td>
<td>8%</td>
<td>?</td>
<td>?</td>
<td>8%</td>
<td>?</td>
<td>?</td>
<td>19%</td>
<td>25%</td>
</tr>
</tbody>
</table>
'One on one free’ can pose problems but can be ‘dumb’ in terms of choices for those who are to choose...

Prevent pregnancy + HIV
Prevent pregnancy + some STIs
Prevent pregnancy + RTI
Prevent pregnancy + HIV+ some STIs
Confusion galores in STIs, my experience in the clinic...

- Newly detected HIV infection ~ 20 a month
- Herpes progenitalis once in 6 months
- Gonorrhoea once in 12 months
- Syphilis once in two years
- Chancroid, LGV, and GI not seen over last 5 years
- What do I decide?
But with HPTN 052 findings; evolving test n treat and declining new infections, preventing HIV is likely to be a ‘no go’ for future....
In our country would the priorities be........

Pregnancy + HSV + HPV*
Pregnancy + HSV
Preventing unwanted pregnancy and health through lactobacilli
But the most important considerations...

- Nature of perceived need of user
  - Contraception
  - Prevention of STIs
  - But the need may differ by age group

- Magnitude of ‘vulnerable’ population – All vs ‘targetted’ approach

- Risk

- Efficacy/effectiveness of intervention against both

- What you can combine
Certain population groups (sex workers) may require...

Against unwanted pregnancies and all STIs including HIV
With this, I open the topic that can cause TIA...

By TIA, I mean Transient Intellectual Anarchy and not a temp paralysis...!